


DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-2692 (Rev. 6-87)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				TEST ELECTRONIC VERSION UNIT CASE NUMBER			
SECTION I. GENERAL INFORMATION									
1. Name of Vessel or Facility MV MASSACHUSETTS		2. Official No. 927011	3. Nationality US	4. Call Sign WCG 6141	5. USCG Certificate of Inspection issued at: Boston				
6. Type (Towing, Freight, Fish, Drill, etc.) PASSENGER		7. Length 100'	8. Gross Tons 100	9. Year Built 1988	10. Propulsion (Steam, diesel, gas, turbine ...) DIESEL				
11. Hull Material (Steel, Wood...) ALUMINUM	12. Draft (ft. - in.) FWD. 6' AFT. 6'	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (Of occurrence) 12 JUNE 06	15. Time (Local) 1620				
16. Location (See instruction No. 10A) WESTERN WAY CHANNEL 1/2 MILE SOUTH OF LONG ISLAND BRIDGE				17. Estimated Loss or Damage TO:					
18. Name, Address & Telephone No. of Operating Co. MASS BAY LINES 60 ROWES WHARF BOSTON MA 02110				VESSEL \$ 500 - 800 k					
				CARGO \$ _____					
				OTHER \$ _____					
19. Name of Master or Person in Charge STEVEN BOODIE		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	State License <input type="checkbox"/> YES <input type="checkbox"/> NO			
19a. Street Address (City, State, Zip Code) [REDACTED]		19b. Telephone Number [REDACTED]	20a. Street Address (City, State, Zip Code)		20b. Telephone Number ()				
21. Casualty Elements (Check as many as needed and explain in Block 44.)									
NO. OF PERSONS ON BOARD 69 <input type="checkbox"/> DEATH- HOW MANY? _____ <input type="checkbox"/> MISSING- HOW MANY? _____ <input type="checkbox"/> INJURED- HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE			<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____			
22. Conditions									
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles) UNLIMITED (of visibility) F. AIR TEMPERATURE 70 (F) G. WIND SPEED & DIRECTION E 5 H. CURRENT SPEED & DIRECTION _____				
23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____	24. Last Port Where Bound ROWES WHARF HINGHAM MA		24a. Time and Date of Departure 1600 12 JUNE 06		
25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
SECTION II. BARGE INFORMATION									
26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:		
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN	26h. Draft FWD	AFT	26i. Operating Company					
26j. Damage Amount BARGE \$ _____ CARGO \$ _____ OTHER \$ _____				26k. Describe Damage to Barge					

REVERSE OF CG-2692 (REV. 6-87)		SECTION III. PERSONNEL ACCIDENT INFORMATION	
27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) 27b. Address (City, State, Zip Code)	
28. Birth Date		29. Telephone No. ()	
30. Job Position		27c. Status <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)	
31. (Check here if off duty) <input type="checkbox"/>			
32. Employer -(If different from Block 18., fill in Name, Address, Telephone No.)			
33. Person's Time A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) MONTH(S) _____ _____ _____ _____ _____	
34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)		35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> YES <input type="checkbox"/> NO	
36. Date of Death		37. Activity of Person at Time of Accident	
38. Specific Location of Accident on Vessel/Facility			
39. Type of Accident (Fall, Caught between, etc.)		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
41. Part of Body Injured		42. Equipment Involved in Accident	
43. Specific Object, Part of the Equipment in Block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.			
SECTION IV. DESCRIPTION OF CASUALTY			
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). <div style="font-family: cursive; padding: 10px;"> MV MASSACHUSETTS WAS HALFWAY THROUGH A COMMUTER RUN FROM BOSTON TO HINGHAM WITH 65 PASSENGERS AND 4 CREW ABOARD WHEN FIRE WAS DISCOVERED FROM SMOKE COMING OUT OF ENGINE ROOM VENTS. THE VESSEL WAS ANCHORED, ENGINES SHUT DOWN, VENTILATION SECURED, EMERGENCY FUEL SHUTOFFS SECURED. MV LAURA CAME ALONGSIDE, ALL PASSENGERS WERE TRANSFERRED. APPROXIMATELY 5 MIN LATER, CG ORDERED THE CREW TO LEAVE VESSEL; CREW TRANSFERRED TO QUINCY POLICE BOAT. ABOUT 45 MIN LATER, FIREFIGHTER TIED UP ALONGSIDE THE VESSEL AND BEGAN TO FIGHT FIRE. </div>			
45. Witness (Name, Address, Telephone No.)			
46. Witness (Name Address, Telephone No.)			
SECTION V. PERSON MAKING THIS REPORT		47c. Title MASTER	
47. Name (PRINT) (Last, First, Middle) BOODIE, STEVEN FRANCIS		47b. Address (City, State, Zip Code) 727 BUCKLAND ST HINGHAM, MA	
47a. Signature 		47d. Telephone No. 781-744-2444	
47e. Date 13 JUNE 06		47f. Date	
FOR COAST GUARD USE ONLY		REPORTING OFFICE:	
APPARENT CAUSE			
CASUALTY CODE A B C		INVESTIGATOR (Name) DATE APPROVED BY (Name) DATE	